

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 566, 926

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.		
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
10		1				
11		1				
12		1				
13		3				
14		3				
15	1					
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50						
TOTAL IND.	3					
TOTAL DEP.	18					
TOTAL CLAIMS	21					

AS FILED	AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.		
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						